

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Assessment Services

PROGRAM ELEMENT:

Adult Evaluation and Review Services (AERS)

PROGRAM MISSION:

To provide assessment, care planning, and short-term case management to the frail elderly and to Montgomery County adults with disabilities age 18 and older who are at risk of institutionalization

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES

	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of elderly and disabled adults who remain safely in the community after receiving services (at time of case closure)	78	82	84	80	80
Percentage of elderly and disabled adults who take their medications safely after receiving services (at time of case closure)	75	83	86	80	80
Service Quality:					
Average number of days to initiate cases	5.9	5.3	5.3	6.5	6.5
Average monthly number of cases per staff member ^a	24.7	23.0	20.4	25.0	25.0
Efficiency:					
Average cost per evaluation (\$)	1,326	1,047	1,113	1,136	1,077
Workload/Outputs:					
Number of clients evaluated	684	874	857	900	950
Number of clients linked to community resources	653	825	784	850	900
Number of clients given medication education	522	716	678	737	787
Inputs:					
Expenditures (\$000) ^b	907	915	954	1,022	1,022
Workyears ^b	11.0	11.0	10.0	10.0	10.0

Notes:

^aThis program refers routine cases to contractors and assigns the most complex cases and most vulnerable clients to AERS assessment staff. This decision was made to bring the unit into compliance with the State's guideline of a 25:1 caseload ratio.

^bFY05 expenditure and workyear adjustments are due to program realignment/reorganization.

EXPLANATION:

Adult Evaluation and Review Services (AERS), a program required by State law, conducts comprehensive pre-admission evaluations of any adult at risk for nursing home placement. A multi-disciplinary evaluation is conducted to identify services available to help the individual remain in the community or in the least restrictive safe environment while functioning at the highest possible level of independence and personal well-being. This service also supports the department's strategic goal of increasing the number of seniors and people with disabilities who reside in the setting of their choice.

National data suggest that for each person in a nursing home, there are between one and three equally disabled persons living in the community. A lack of access to community resources is a strong indicator for nursing home admission for these individuals. Services provided by AERS staff help to ensure that all the necessary information is available in order to make informed decisions regarding a senior's ability to continue to reside in the community, given available resources.

Social work staff formerly assigned to Adult Protective Services (APS) and Social Services to Adults (SSTA) have been assigned to the Medicaid Waiver to handle the larger-than-anticipated growth in that program. To ensure the safety of vulnerable elders, provide continuity of service, and effectively manage the workload in the face of the workyear reductions, staff members from other units within Aging and Disability Services have rotated as needed to ensure coverage for cases in APS and SSTA.

In FY05, the program experienced a decrease in the number of individuals linked to community resources (784 in FY05 vs. 825 in FY04). This reduction was attributed to a greater proportion of client evaluations that involved re-certifications of persons who were already in the Medicaid Waiver for Older Adults program. These clients already had an established plan of care in place.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Housing Opportunities Commission, Maryland Department of Human Resources, Maryland Department of Health and Mental Hygiene, State Office on Aging, Social Services Administration, Rock Creek Foundation, Alzheimer's Disease and Related Disorders Association of Greater Washington, Association of Retarded Citizens, Centers for the Handicapped, Inc., non-profit organizations.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 14-10, 10-07, 19-347 and 27-35, 4-301, 708, 13-709, COMAR 10.09.30, Annotated Code of Maryland 15-301, COMAR Title 07, Subtitle 06, Chapter 13.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Assessment Services

PROGRAM ELEMENT:

Adult Protective Services (APS)

PROGRAM ELEMENT MISSION:

To provide evaluative, transitional, and social services to the frail elderly and adults with disabilities in order to reduce the risk of abuse, neglect, and exploitation

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES

	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of cases re-opened within six months	6.0	3.0	3.0	7.0	6.0
Service Quality:					
Average time to initiate case (days) (State standard = 5 days)	3.6	3.2	3.5	3.5	3.5
Average time to complete an investigation ^a (days) (State standard = 30 days)	27	25	27	25	25
Efficiency:					
Average cost per screening (\$)	1,536	1,684	1,479	1,698	1,495
Average number of reports investigated per worker per month	8.0	7.0	8.0	7.0	8.0
Workload/Outputs:					
Number of abuse and neglect reports screened ^b	521	487	470	500	568
Number of investigations conducted/completed ^a	481	484	431	500	554
Number of cases receiving continuing services	507	523	423	525	536
Inputs:^c					
Expenditures (\$000)	800	820	695	^d 848	^d 849
Workyears	9.0	9.0	7.3	^d 8.3	^d 8.4

Notes:

^aAn APS investigation can involve the following staff activities: multiple home visits; consultation with family and other appropriate parties (neighbors, police, physicians, etc.); case record documentation; police reports; court presentation; collaboration with public and private organizations to ensure safe plans, etc.

^bThe number of abuse and neglect reports screened includes reports screened at intake, cases initially screened under another agency code and converted to Adult Protective Services, and Guardianships taken directly into the Guardianship Unit.

^cBecause of a reduction in State funding and the resulting re-allocation of staff between programs, a new methodology for calculating workyears was adopted beginning in FY03. The FY05 program staff and expenditure reductions reflect realignment/reorganization.

^dIncludes the addition of one Social Worker III in FY06 to provide round-the-clock Adult Protective Services coverage at the Crisis Center for emergencies and other crises that occur for vulnerable adults at risk of abuse, neglect, and exploitation.

EXPLANATION:

Adult Protective Services (APS) provides evaluative, transitional, and social services to the frail elderly and adults with disabilities when suspected abuse, neglect, self-neglect, or exploitation is reported. In Montgomery County, the majority (50%) of APS referrals and investigations are related to self-neglect among the elderly. Self-neglect occurs most frequently among persons over age 85 and among mentally disabled persons living alone who are no longer capable of independent living.

In Montgomery County, APS cases are consistently initiated and completed in less time than the State standard of five days (the average was 3.5 days in FY05). In addition, the percentage of cases re-opened within six months remained at 3% in FY05, while investigations for abuse increased from 12% of the cases investigated to 15% for elderly residents. These increases are due to greater collaboration between APS investigators and the criminal justice system. Investigations for financial exploitation have remained at 11% of the cases investigated.

The percentage of cases involving self-neglect remained fairly constant between FY04 and FY05, with both figures being lower than prior years. It is hypothesized that this decline is due to the impact of the Medicaid Waiver program. The waiver program was designed to serve individuals at immediate risk of nursing home placement. These individuals tend to be some of the most vulnerable in the community and are also at heightened risk for self-neglect. Beginning in FY03, there was a large investment in screenings of potential waiver eligible clients, as the State had implemented a first-come, first-served protocol. Medicaid Waiver (MAW) assessments may, in part, have interceded and addressed client issues that would otherwise have developed into APS self-neglect investigations.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: County Attorney, Montgomery County Fire and Rescue Service, Police, Montgomery County Public Schools, Housing Opportunities Commission, Maryland Department of Human Resources, Maryland Department of Health and Mental Hygiene, Maryland Developmental Disabilities Administration, District Court, State's Attorney, Circuit Court, non-profit organizations, abused persons programs, Attorney General's Office.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 14-10, 10-07, 19-347, 27-35, 4-301, 13-708, 13-709.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Assessment Services

PROGRAM ELEMENT:

Social Services to Adults (SSTA)

PROGRAM MISSION:

To protect the frail elderly and adults with disabilities from abuse and neglect by providing them with evaluative, transitional, and social services that allow them to remain safely in the community

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Caring, thriving communities

PROGRAM MEASURES

	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of clients who remain safely in the community after receiving services ^a	NA	100	99	100	100
Service Quality:					
Average number of days to initiate cases ^b	NA	4.9	5.7	5.7	6.3
Efficiency:					
Average cost per assessment (\$)	1,148	886	923	994	1,023
Average number of assessments per worker per month	9	8	10	10	10
Average number of cases per staff member ^c	21:1	25:1	31:1	25:1	31:1
Workload/Outputs:					
Number of service requests received	450	^e 625	582	600	600
Number of assessments conducted	400	525	^f 366	360	350
Number of cases referred to continuing services	120	138	^g 238	^h 90	^h 90
Inputs:					
Expenditures (\$000) ^d	459	465	338	358	358
Workyears ^d	5.5	5.5	3.5	3.5	3.5

Notes:

^aThose cases seen in Assessment Services - Social Services to Adults (SSTA) which do not wind up as open cases in Adult Protective Services within the same fiscal year.

^bState standard = 10 days.

^cState standard = 25:1.

^dDue to a reduction in State funding and the resulting re-allocation of staff between programs, a new methodology for calculating workyears was adopted beginning in FY03. FY05 workyear and expenditure reductions reflect program realignment/reorganization.

^eBeginning in FY04, includes individuals placed on the waiting list.

^fThe number of assessments decreased due to staff reassignment to handle other functions, primarily Medicaid Waiver case management.

^gState regulations require that cases be closed or transferred to continuing status within 30 days. Due to staff reassignment to other functions, a large number of cases were temporarily transferred to continuing status prior to closure.

^hThis is the actual number of cases to be transferred from an SSTA Assessor to an SSTA Continuing worker.

EXPLANATION:

Social Services to Adults (SSTA) is the Maryland Department of Human Resources' program for at-risk frail, elderly, and disabled adults 18 years and older. The services are both preventive and voluntary in nature. Recipients receive assessment, care planning, and short-term case management services designed to achieve or maintain self-sufficiency, provide economic support, and prevent maltreatment and inappropriate institutionalization. Individuals with continued high need for services at the end of the assessment period are referred to SSTA Continuing.

Social work staff formerly assigned to Adult Protective Services (APS) and SSTA have been re-assigned to the Medicaid Waiver to handle the larger-than-anticipated growth in that program. To ensure the safety of vulnerable elders and to provide continuity of service in the face of the reductions in workyears, staff from other units in Aging and Disability Services have been rotated as needed to handle cases in APS and SSTA.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Housing Opportunities Commission, Crisis Center, Income Supports, Social Security Administration, Disability Entitlement Advocacy Program, Medical Assistance Personal Care Provider Agency, Manna, Community Ministries, mental health providers, community health clinics, non-profit organizations, homeless advocates.

MAJOR RELATED PLANS AND GUIDELINES: COMAR Title 07.06.13.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Assisted Living Services

PROGRAM ELEMENT:

Adult Foster Care

PROGRAM MISSION:

To provide protective living environments for the frail elderly and adults with disabilities, using adult foster care and small group homes

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES

	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of adults residing in foster care or group homes six months after placement	95	96	95	95	95
Percentage of adults residing in foster care or group homes twelve months after placement	93	93	95	90	90
Service Quality:					
Percentage of residents satisfied with placement	86	100	89	90	90
Efficiency:					
Average annual cost per resident (\$)	9,023	9,358	9,518	10,146	9,788
Workload/Outputs:					
Number of clients receiving case management placement in Adult Care families and group homes	177	176	168	164	170
Inputs:					
Expenditures (\$000)	1,597	1,647	^a 1,599	1,664	1,664
Workyears	9.6	9.6	^a 7.4	6.4	6.4

Notes:
^aFY05 expenditure and workyear reductions reflect program realignment/reorganization.

EXPLANATION:

Adult foster care provides supervised living and assistance to disabled adults and frail elders. Studies of adult foster care demonstrate that it improves the resident's quality of life. Clients are referred because of mental or physical disability, abuse and neglect, or inability to live independently in the community. Assistance allows them to remain in the community as long as possible. The decision to place a client in either adult foster care or a group home is based on whether a client would do better living in a family home setting or with a small group of peers. Each resident receives an individual care plan with goals to ensure safety, health, and maximum self-sufficiency. Adult foster care homes and group homes are now licensed by the State as "assisted living."

Case management services are essential for enabling vulnerable adults to remain in permanent and stable housing. Placement with a committed care provider and social work case management of each resident contribute to the success of care and placement. Case managers certify and monitor the adult foster care homes and monitor the client's care in group homes. They also help arrange needed services such as adult day care, transportation, job support, help in paying bills, and training for both providers and residents. Case managers also provide support to the caregivers and add resources to help prevent caregiver burnout.

Although the initial adjustment to assisted living may be difficult, clients typically experience an improved quality of life which is reflected in the high satisfaction ratings in the surveys completed. A self-administered mail questionnaire is sent to clients with the cognitive capability to complete it on their own. The response rate is about 50%.

Due to careful matching of clients and care providers and the ongoing monitoring by experienced social workers/case managers, placements tend to be relatively stable. In FY05, 95% of clients remained in placements at least 12 months.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Mental Hygiene, Department of Disability Administration, Office on Aging, Social Security Administration, Department of Public Works and Transportation, Housing Opportunities Commission, Department of Housing and Community Affairs, Montgomery County Commission for People with Disabilities, Montgomery Commission on Aging, Montgomery County Fire and Rescue Service, Montgomery County Police, day care providers, group home providers, non-profit organizations.

MAJOR RELATED PLANS AND GUIDELINES: COMAR Title 07, Subtitle 06, Chapters 15 and 16; COMAR Title 10, Subtitle 607, Chapter 14.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Assisted Living Services; Group Residential and Vocational Services

PROGRAM ELEMENT:

Group Home Subsidy Program

PROGRAM MISSION:

To ensure the safety of frail seniors and individuals with disabilities by providing safe and supportive group home placements in the community

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES
**FY03
ACTUAL**
**FY04
ACTUAL**
**FY05
ACTUAL**
**FY06
BUDGET**
**FY07
CE REC**
Outcomes/Results:

Percentage of clients remaining in a community living situation	96	94	97	95	95
Percentage of community vendors willing to continue to accept clients from the Department of Health and Human Services	100	98	100	100	100

Service Quality:

Percentage of clients satisfied with placement ^a	NA	NA	NA	95	95
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Efficiency:

Average cost per client (\$)	6,090	5,970	5,360	6,200	6,011
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Workload/Outputs:

Unduplicated number of clients served	88	85	89	90	95
Number of new group home facilities willing to accept Department of Health and Human Services referrals	4	8	3	6	6

Inputs:

Expenditures (\$000)	536	507	477	558	571
Workyears ^b	0.5	0.5	0.0	0.0	0.0

Notes:

^aAn instrument to measure customer satisfaction is being developed and will be implemented in FY06.

^bReflects a reduction in workyears as program management was assumed by a staff member budgeted in another program.

EXPLANATION:

The Group Home Subsidy Program (GHSP) provides subsidies to community providers on behalf of low-income disabled adults in order to facilitate affordable assisted living alternatives to institutional placement. GHSP provides subsidies to clients age 62 and over who are residing in group homes and are at risk for nursing home placement. Health and Human Service staff work with providers to persuade them to accept Department of Health and Human Services clients because the payments are still often below market rates for the services provided, despite the fact that providers receive a client payment plus a subsidy.

Although group home residence presents many challenges to clients and care providers, there is a high rate of stability in placements, reflected by the fact that 97% of the clients were able to remain in placement in FY05. Despite the desire by care providers to obtain private pay clients and higher subsidy rates, all vendors continued to accept Department of Health and Human Services customers, and three new vendors joined the program in FY05.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Aging, local private for-profit and non-profit group home providers.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 32.03.03, COMAR 10.07.14.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Community/Nursing Home Medical Assistance and Outreach

PROGRAM ELEMENT:

Long Term Care

PROGRAM MISSION:

To authorize Medical Assistance benefits for the aged, blind, and disabled who reside in institutions and group homes

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe

PROGRAM MEASURES
**FY03
ACTUAL**
**FY04
ACTUAL**
**FY05
ACTUAL**
**FY06
BUDGET**
**FY07
CE REC**
Outcomes/Results:

Number of adults receiving Medical Assistance through the program	2,224	2,086	^a NA	2,100	2,250
Percentage of applicants who receive Medical Assistance	88	89	92	88	94

Service Quality:

Percentage of applications processed within 30 days	80	97	98	85	89
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Efficiency:

Average cost per screening (\$)	127	151	150	155	148
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Workload/Outputs:

Number of customers screened	5,840	5,530	6,500	6,000	6,250
Number of re-determination cases ^b initiated	1,314	1,838	1,650	1,500	1,525

Inputs:

Expenditures (\$000)	740	835	950	927	927
Workyears	12.0	13.7	13.7	13.7	13.7

Notes:
^aDue to a change in program management, the methodology for computing this figure is under review.

^bState regulations require that every person receiving Medical Assistance have their eligibility re-evaluated (i.e., "re-determined") annually to continue to receive benefits.

EXPLANATION:

The Long Term Care Medical Assistance Program is a State-mandated, fully funded Federal benefit for eligible recipients. The program provides customers who are both financially eligible and medically fragile with a way to pay for the cost of care in a nursing home facility. By helping to make certain that its customers receive appropriate medical treatment, shelter, and dietary support, the program helps to ensure that these individuals are safe. The County operates the program and provides specialized staff to assist individuals in completing the application and eligibility process.

As of mid-year, most FY06 applications have been processed in 30 days, and State mandated annual re-determinations of eligibility have been significantly reduced. At the beginning of FY05, re-determinations averaged 65 - 90 per month. In recent months, re-determinations have declined to fewer than 70 with a goal of 100 per month. This has been due to increased supervisory oversight as well as the development of standardized operational guidelines. In addition, a new manager for Long Term Care and Outreach was hired in the last quarter of FY05.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Centers for Medicare and Medicaid Services, Maryland Department of Health and Mental Hygiene, Social Security Administration, State Pharmacy Assistance Program, Hebrew Home, Montgomery Village, Manor Care, Fairland Nursing Care.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.09.24.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Community/Nursing Home Medical Assistance and Outreach

PROGRAM ELEMENT:

Medical Assistance Outreach

PROGRAM MISSION:

To authorize Medical Assistance benefits for the aged, blind, and disabled who reside in the community, hospital patients, and patients of the Department of Health and Human Services' STD/HIV clinic

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES
**FY03
ACTUAL**
**FY04
ACTUAL**
**FY05
ACTUAL**
**FY06
BUDGET**
**FY07
CE REC**
Outcomes/Results:

Number of adults receiving Medical Assistance through the program	3,400	3,749	^a NA	3,200	3,400
Total Medical Assistance dollars provided to clients (\$ millions)	17.2	14.6	20.0	16.0	22.0
Average Medical Assistance payment per customer served (\$)	5,059	5,106	5,000	5,200	5,250
Percentage of applicants who receive Medical Assistance	46	78	75	60	64

Service Quality:

Percentage of applications processed within 30 days	92	98	99	90	95
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Efficiency:

Average cost per screening (\$)	189	138	160	169	161
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Workload/Outputs:

Number of customers screened	3,917	6,049	5,000	5,500	5,750
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Inputs:

Expenditures (\$000)	740	835	900	927	927
Workyears	12	14	14	14	14

Notes:

^aDoes not include pending cases. Due to a change in program management, the methodology for computing this result is under review.

EXPLANATION:

Medical Assistance Outreach is a unit comprised of Income Assistance Program Specialists based in hospitals and mental health centers within Montgomery County. They are responsible for assisting potential recipients with applying for the Medical Assistance Program and for determining eligibility. Eligibility workers, whose salaries are paid by five hospitals and three clinics and matched 50% with Federal dollars, ensure that "medically indigent" persons are able to access all funding sources for which they are eligible in Montgomery County. In FY04, an outreach worker was added to the Holy Cross Hospital Clinic, resulting in a dramatic increase in Medical Assistance dollars obtained. In FY05, an eligibility worker funded by Montgomery County Behavioral Health was placed at the Office of Addiction Services. During FY06, two workers will be placed at a clinic operated by Montgomery Cares, and Adventist Healthcare has requested three additional workers for its two hospitals. This will increase Medical Assistance enrollment as well as the Federal dollars for health care coming to Montgomery County. In FY07, an eligibility worker funded by Adventist Health Care will be placed at Potomac Ridge, and another outreach worker will be placed at Holy Cross Hospital.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Centers for Medicare and Medicaid Services, Maryland Department of Health and Mental Hygiene, Montgomery County Department of Recreation, Social Security Administration, State Pharmacy Assistance Program, Hebrew Home of Greater Washington, Montgomery Village Care and Rehabilitation, Holy Cross Hospital, Suburban Hospital, Montgomery General Hospital.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.09.24.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Continuing Case Management

PROGRAM ELEMENT:

Adult Protective Services (APS)

PROGRAM MISSION:

To assist clients in securing the services needed to ensure that standards of health, safety, and well-being are met; to prevent or lessen the likelihood of abuse, self-neglect, or exploitation; to provide for the least restrictive and least intrusive mode of service intervention; and to ensure that the goals of the client's service plan are being accomplished

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES
**FY03
ACTUAL**
**FY04
ACTUAL**
**FY05
ACTUAL**
**FY06
BUDGET**
**FY07
CE REC**
Outcomes/Results:

Percentage of clients for whom no new APS investigation is required	99	99.9	99.9	99	99
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Service Quality:

Average monthly caseload per case manager	25:1	25:1	25:1	25:1	25:1
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Efficiency:

Average cost per client (\$)	1,140	1,132	1,584	1,358	1,358
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Workload/Outputs:

Number of clients receiving continuing adult protective services	507	523	423	500	500
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Inputs:

Expenditures (\$000) ^a	578	592	670	679	679
Workyears ^a	7.8	7.8	6.1	6.7	6.7

Notes:

^aFY05 staff and expenditure allocations reflect program realignment/reorganization.

EXPLANATION:

This program provides services to clients who are determined by investigation to be at-risk, who acknowledge a risk or need for services, and who have the capacity and willingness to agree to and participate in a service plan that affords them protection from neglect, abuse, or exploitation, or to mitigate the effects of prior abuse, self-neglect, neglect, or exploitation. The program is voluntary, and the primary service is case management, including ongoing assessment, service planning, linkage with resources, monitoring the service plan, and advocating on behalf of the client.

Social work staff formerly assigned to Adult Protective Services (APS) and Social Services to Adults (SSTA) have been assigned to the Medicaid Waiver to handle the larger-than-anticipated growth in that program. To ensure the safety of vulnerable elders and to provide continuity of service in the face of the reductions in workyears, staff from other units in Aging and Disability Services have been rotated as needed to handle cases in APS and SSTA. The decline in the number of customers receiving continuing services in FY05 is due to multiple factors, including a reduction in staff that resulted in fewer cases (i.e., those at marginal risk) receiving on-going services. The FY06 increase in expenditures, workyears, and the projected number of clients receiving continuing adult protective services is due to an internal reallocation of staff to meet customer needs.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: County Attorney, Montgomery County Fire and Rescue Service, Police, Montgomery County Public Schools, Housing Opportunities Commission, Maryland Department of Human Resources, Maryland Department of Health and Mental Hygiene, Maryland Developmental Disabilities Administration, District Court, State's Attorney, non-profit organizations, abused persons programs.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 14-10, 10-07, 19-347 and 27-35, 4-301, 13-708, 13-709.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Continuing Case Management

PROGRAM ELEMENT:

Public Guardianship Program

PROGRAM MISSION:

To provide surrogate decision making and case management services to disabled adults when appointed by the Circuit Court as their guardian

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES

	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of clients ^a for whom the Adult Public Guardianship Review Board (APGRB) concurs with the continued need for a public guardian	100	100	100	95	95
Percentage of clients for whom the APGRB concurs with the care plan recommended by the Guardianship Program	100	100	100	90	90
Service Quality:					
Average number of visits to clients per month	64	70	71	65	65
Percentage of court-appointed attorneys reporting satisfaction with guardianship services provided to clients	100	90	85	85	85
Efficiency:					
Average cost per client (\$)	4,705	4,295	5,259	5,678	5,678
Workload/Outputs:					
Number of guardianship clients	78	88	85	90	90
Number of APGRB hearings	93	107	113	115	115
Average number of guardianship clients per month	61	64	64	70	70
Inputs:					
Expenditures (\$000)	367	378	447	511	511
Workyears	3.9	4.5	4.0	^b 5.0	5.0

Notes:
^a"Client" refers to a ward of the State.

^bReflects the addition of a Principal Administrative Aide to support the Public Guardianship Program in FY06.

EXPLANATION:

The Guardianship Program was authorized by Maryland Law in 1977 and is part of a statewide system of Adult Protective Services designed to provide adults who lack the physical or mental capacity to care for their basic needs with services sufficient to protect their health, safety, and welfare. A guardian of a person shall be appointed if the court determines, from clear and convincing evidence, that the person lacks sufficient understanding or capacity to make or communicate responsible decisions concerning himself or herself, and no less restrictive form of intervention is available which is consistent with the person's welfare and safety.

The Adult Public Guardianship Review Board is appointed by the County Executive and reviews all regular public guardianship cases every six months. This review mechanism, which does not exist in every state or in every Maryland jurisdiction, has been noted as a national model. Every client is reviewed in person annually; he/she usually attends the hearing and is always represented by an attorney. A July 2004 GAO Report on Guardianship recommended increased oversight of guardianship after finding that although statutes generally provide for some oversight, the procedures for implementing these laws vary considerably. The Adult Public Guardianship Review Board provides a level of scrutiny for public guardianship clients that is above and beyond the typical court review. The Adult Public Guardianship Review Board makes recommendations to the court as to how the care plan for each client should be modified, if needed, and whether or not the guardianship should be continued.

A public guardian is named only as a last resort and when the disabled person has no relative or friend willing and able to be the guardian. The guardian has all the rights, duties, and responsibilities of a parent to a child, and it is the responsibility of the guardian to ensure that appropriate care is provided to the disabled person. The guardian has the duty to assist the disabled person with living in the least restrictive environment with the highest quality of life possible. This usually entails making decisions regarding living arrangements, medical care, and home care services. Institutionalization is the last resort and is used only if the supportive systems provided are not sufficient to sustain the elderly/disabled person in the community. There are no funds within the program to provide direct services.

The fact that Montgomery County's adult public guardianship program has achieved concurrence by the Adult Public Guardianship Review Board in 100% of the cases reviewed over the past three years speaks to the high quality of service provided by program staff.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Departments of Aging, Human Resources, and Health and Mental Hygiene; Montgomery County Attorney and private attorneys; Circuit Court; housing, health care, and private service providers.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.14, COMAR 07.06.13, COMAR 07.03.07, COMAR 07.06.12, Annotated Code of Maryland, Estates and Trusts Article, Title 13, Subtitle 1, 13-101; Subtitle 7, 13-704 *et seq.*, Maryland Rules of Procedures, R70, Memorandum of Understanding between Department of Human Resources and Office on Aging, re: Adult Protective Services; Annotated Code, Family Law Article, Title 14, Subtitle 1, 14-101 *et seq.* and Subtitle 2, 14-201 *et seq.*; Article 27, Subtitle 35 B, Abuse of Vulnerable Adults.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Continuing Case Management

PROGRAM ELEMENT:

Social Services to Adults (SSTA)

PROGRAM MISSION:

To ensure that clients receive protection and other services to prevent abuse, neglect, self-neglect, exploitation, or inappropriate institutionalization

COMMUNITY OUTCOMES SUPPORTED:

- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES

	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of clients with low to moderate risk of neglect or self-neglect or abuse ^a	NA	52	^c 73	75	75
Percentage of clients with the level of services they need ^a	NA	82	83	85	85
Percentage of clients continuing to live in the community one year after service is initiated	NA	61	77	80	80
Service Quality:					
Percentage of clients reporting satisfaction with services ^a	NA	84	91	90	90
Average caseload (cases per staff member) (State standard is 50:1)	52:1	45:1	47:1	48:1	48:1
Efficiency:					
Average cost per client served (\$)	3,142	3,303	1,379	1,257	1,257
Workload/Outputs:					
Number of visits with clients	1,668	921	950	1,550	1,400
Number of services in place for clients ^a	NA	4	7	5	4
Number of clients served	416	370	663	650	625
Inputs:^b					
Expenditures (\$000)	1,307	1,222	^b 914	817	817
Workyears	8.0	8.3	8.0	8.0	8.0

Notes:

^aNew measures implemented in FY04.

^bFY05 expenditure reductions reflect program realignment/reorganization.

^cThe increase in the percentage of clients with low to moderate risk is due largely to refinement of the measurement process in FY05.

EXPLANATION:

SSTA Continuing Case Management provides services to seniors and adults with physical or mental disabilities to reduce the incidence of and prevent abuse, neglect, self-neglect, exploitation, or inappropriate institutionalization. The SSTA Continuing Case Management services support the Department's strategic goal of increasing the number of seniors and people with disabilities who reside in the setting of their choice.

As seniors age, they often need some assistance in order to continue to reside in their communities. National data suggest that the availability of and access to social support systems and services are critical factors in determining whether or not an individual will need nursing home placement or other institutional care. SSTA Case Management services assist frail elderly individuals and persons with chronic disabilities to remain in the community by providing critical coordination of services to address an array of daily living, health, and other social service needs, thereby reducing the likelihood of premature or inappropriate institutional placement.

In FY05, the unit conducted a customer satisfaction survey. Surveys were mailed to a randomly-selected sample of customers (sample size: 89), with an 83% response rate. Of those who responded, 83% indicated that they were satisfied or very satisfied with the services they received. Also during FY05, social work staff continued to adjust to the reassignment of SSTA staff to the Medicaid Waiver Program (the reassignments were necessary to address the growth in the Waiver Program). To ensure the safety of vulnerable seniors, provide continuity of service, and ensure adequate caseload coverage, staff from other Aging and Disability Services units rotated as needed to Adult Protective Services.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Adult day care centers, Housing Opportunities Commission, hospitals and physicians, mental health providers, Social Security Administration, homeless advocates, home care agencies, Manna, Maryland Department of Human Resources, Developmental Disabilities Administration, Rep Payee Program, Friendly Visitor Program.

MAJOR RELATED PLANS AND GUIDELINES: COMAR Title 07, Subtitle 06, Chapter 13.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Group Residential and Vocational Services		PROGRAM ELEMENT: Developmental Disabilities Supplement - Residential and Day Services ^a				
PROGRAM MISSION: To provide residential housing and supported employment for developmentally disabled citizens to maximize their self-sufficiency and involvement in the community						
COMMUNITY OUTCOMES SUPPORTED: • Children and vulnerable adults who are safe • Individuals and families achieving their maximum level of self-sufficiency						
PROGRAM MEASURES		FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:						
Percentage of adults with developmental disabilities provided community living services who remain at the same level of independence after receiving support services		98	97	96	97	98
Service Quality:						
Percentage of customers/families who are satisfied with the services they receive from the provider ^b		74	95	89	85	90
Efficiency:						
Average annual cost per customer (\$)		2,744	2,820	2,849	2,835	2,759
Workload/Outputs:						
Number of customers receiving services		2,232	2,337	2,375	2,464	2,680
Number of customers receiving supported employment		592	605	579	600	650
Number of customers receiving day services		452	503	576	631	690
Number of customers receiving Family Support Services/ Individual Support Services		348	334	288	274	300
Number of customers receiving Community Service Living Arrangement services ^c		199	227	250	265	290
Number of customers receiving residential services		641	668	682	694	750
Inputs:						
Expenditures (\$000)		6,125	6,591	6,766	6,985	^d 7,395
Workyears		0.9	1.0	1.0	1.0	1.0
Notes:						
^a Providers receiving the Developmental Disabilities Supplement provide services such as day programs, supported employment, individual support services, family support services, Community Service Living Arrangement, and residential services.						
^b In FY03, satisfaction data were collected by the Department, independently of the vendor. In FY04 and FY05, satisfaction data were self-reported by vendors (the program does not have enough staff to collect satisfaction data itself on an on-going basis).						
^c The Community Service Living Arrangement is a State program (which Montgomery County supplements) that allows developmentally disabled individuals who own or rent their home (or their representatives) to select a provider of the residential supervision that the developmentally disabled person needs to remain independent in the community. State and County funds are used to pay for the staff who provide this service.						
^d FY07 expenditures include \$75,000 to annualize an FY06 expansion of service, plus \$350,000 to supplement the Governor's FY07 expansion, which was designed to increase the number of people receiving services and reduce the waiting list at the State level.						
EXPLANATION:						
Group Residential and Vocational Services provides assistance to people with developmental disabilities who need community services. The County implemented this program in 1974 to encourage providers to deliver services in the County. Services provided include employment, day habilitation, vocational training, day programs, individual and family support services, community supported living arrangements, and residential placements. Recipients of these services range in age from students graduating from Montgomery County Public Schools to senior citizens. The population served includes some of the most vulnerable citizens in the County - people who require supervision and supports to be healthy, safe, and successful.						
In FY05, supports allowed 96% of those served to remain at the same level of independence in the community. Based on the vendor administered customer satisfaction survey, 89% of customers were satisfied with the services they received.						
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Mental Hygiene, Developmental Disabilities Administration, Montgomery County Public Schools, Housing Opportunities Commission, Montgomery Community College, Commission on People with Disabilities, Collaboration Council, Division of Rehabilitation Services, Respite Services of Montgomery County, The ARC of Frederick County Service Coordination, Community Partnership, various non-profit organizations, various vendors/contractors.						
MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.22.18, 10.22.07, 10.22.08.						

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Information and Assistance

PROGRAM ELEMENT:

Information Line

PROGRAM MISSION:

To assist seniors and adults with disabilities in maintaining independence by linking them with needed services

COMMUNITY OUTCOMES SUPPORTED:

- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES

	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
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Outcomes/Results:

Percentage of individuals who receive the information and referrals required to meet their needs	^b NA	80	^c NA	90	90
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Service Quality:

Percentage of customers satisfied with service	94	^c NA	^c NA	90	90
Percentage of calls returned within two business days	94	92	^c NA	98	98

Efficiency:

Average cost per call (\$)	21.34	19.75	28.51	21.88	16.79
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Workload/Outputs:

Number of telephone calls received ^a	28,214	29,319	^f 23,642	24,000	24,000
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Inputs:

Expenditures (\$000)	602	579	^d 674	^e 525	^g 403
Workyears	8.8	8.6	^d 8.7	^e 7.6	^g 4.0

Notes:

^aA phone call involves listening to customer concerns, determining customer needs, and providing information to meet those needs. It sometimes requires follow-up calls and/or collateral contacts with other community resources.

^bClient survey information using the standardized instrument was irretrievable due to a software problem.

^cDue to a change in the Unit's management, this measure was not collected.

^dThe FY05 expenditure and workyear changes reflect program realignment/reorganization.

^eOne workyear will be shifted to the Department's new Information and Referral Unit.

^fThe decrease in call volume is believed to be due to implementation of the new department wide Health and Human Services Information and Referral line.

^g3.1 workyears were moved to the newly-formed Adult Services Intake Unit; and 0.5 workyears were shifted to Senior Community Programs.

EXPLANATION:

The Information and Assistance Unit provides a one-stop information and referral service for seniors and persons with disabilities, including a modified case management component. Studies indicate that approximately 15 percent of the elderly/disabled population need some type of service in order to manage their daily activities. Often they are uncertain about the type of service they need and how to access the myriad of private, non-profit, and government services.

The Information and Assistance Unit serves as a primary point of entry where consumers can have an assessment by phone to determine their needs and can be provided with most, if not all, of the information to meet their needs. For those callers who need further assistance, the intake for follow-up case management services is completed by phone. The provision of information and referral services, combined with telephone assessment and the available progression to a full psycho/social/nursing assessment, simplifies the process for customers.

In mid-FY05, a re-organization placed increased emphasis on providing timely and thorough telephone assessments. Program managers are in the process of developing a system to accurately track customer outcomes and satisfaction with this new system. Results are expected to be available in FY06.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Adult day care centers, Community Psychiatric Clinic, faith community, Maryland Department of Human Resources and Department on Aging, Developmental Disabilities Administration, home care agencies, HELP/FISH groups, Housing Opportunities Commission, Independence NOW, Jewish Council for the Aging, Jewish Social Services Agency, METRO, Mental Health Association, non-profit organizations.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.14.04, COMAR 07.06.13.02, Senior Information and Assistance Program Policy and Procedure Manual, Older Americans Act 1965 Guidelines, Annotated Code of Maryland 70B546.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Information and Assistance

PROGRAM ELEMENT:

Senior Information and Assistance Program

PROGRAM MISSION:

To provide a single point of entry into the service system for seniors, and to promote awareness of services for the elderly through public education and outreach (including senior centers, home visits, case management, and service coordination)

COMMUNITY OUTCOMES SUPPORTED:

- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES
**FY03
ACTUAL**
**FY04
ACTUAL**
**FY05
ACTUAL**
**FY06
BUDGET**
**FY07
CE REC**
Outcomes/Results:

Percentage of individuals who reported that they received the information, referrals, and/or assistance required to make informed choices about services and benefits^a

85

80

^bNA

90

90

Service Quality:

Percentage of customers satisfied with service

94

73

^bNA

95

95

Efficiency:

Average cost per client served (\$)

187

174

238

204

^d116

Workload/Outputs:

Number of customers served

2,877

3,293

2,610

2,700

2,700

Inputs:

Expenditures (\$000)

539

574

621

^c550

^e314

Workyears

8.2

7.9

7.9

^c6.9

^e4.5

Notes:

^aBased on results from the POMP (Performance Outcome Measure Project) survey, a standardized survey instrument.

^bDue to a change in oversight that occurred because of a change in unit management, this measure was not collected. Data will be collected using a new methodology in FY06.

^cIn FY06, one workyear will be transferred to the Department's new Information and Referral Unit.

^dThe unit cost dropped due to re-allocation of the administrator's salary.

^e1.4 work years were moved to the newly formed Adult Services Intake Unit, and one full-time administrator was re-assigned to non-related duties.

EXPLANATION:

The Senior Information and Assistance program provides a single point of entry into the senior system for older residents, their families, and care givers. Seniors receive information to make informed choices about services to seniors, referrals to appropriate agencies, assistance in obtaining services and benefits, and follow-up. The program promotes awareness of services for the elderly through outreach and public education. These measures include customers served through case coordination, at senior sites, and those who receive simple assistance. In addition, the unit provides information and assistance for people with disabilities. In FY06, the unit is being reviewed to provide more integrated services for the elderly and people with disabilities.

In mid-FY05, a re-organization was implemented to provide more timely and thorough telephone assessments. Program managers are in the process of developing a system to accurately track customer outcomes and satisfaction with this new system. Results are expected to be available in FY06.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Adult day care centers and mental health services; the faith community; Maryland Department of Human Resources; Maryland Department on Aging; Developmental Disabilities Administration; home care agencies; community groups serving the elderly; Housing Opportunities Commission; Independence Now; Jewish Council for the Aging; Jewish Social Services Agency; non-profit organizations.

MAJOR RELATED PLANS AND GUIDELINES: Annotated Code of Maryland, Articles 70B, 4E, 4F, and 4G; Older Americans Act of 1965; Area Plan 2004; Senior Information and Assistance Program Manual.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

In-Home Aide Services

PROGRAM ELEMENT:
PROGRAM MISSION:

To provide home-based support services, including personal care and/or chore services, to eligible frail seniors and people with disabilities who, with this assistance, are capable of remaining in their own homes and in the community

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES

	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of customers with no unmet personal care needs ^a	NA	92	93	90	90
Service Quality:					
Average customer service satisfaction rating by customers using standardized customer feedback tool ^a	NA	81	81	80	80
Efficiency:					
Average cost per customer served (\$)	6,941	7,734	^b 9,249	9,273	^e 9,544
Workload/Outputs:					
Number of customers served	575	519	^b 458	492	^e 478
Number of service hours provided	185,912	180,720	^b 173,087	185,940	^e 180,649
Inputs:					
Expenditures (\$000)	3,991	4,014	^c 4,236	^d 4,562	4,562
Workyears	18.4	18.5	^c 17.5	17.5	17.5

Notes:

^aThe outcome and service quality measures were revised in FY04 in order to use the nationally validated POMP (Performance Outcome Measure Project) tool. All active In-Home Aide Services clients are sent a survey. See Explanation.

^bBeginning in FY05, the cost per customer was significantly higher as a result of a 20% increase in the contracted hourly rate. (The contract that had expired had been negotiated five years earlier.) With the higher costs, fewer hours can be purchased, so fewer customers can be served.

^cThe FY05 approved budget includes increased funds and the transfer of one vacant Social Worker III position to Social Services To Adults.

^dThe FY06 approved budget includes increased funds to purchase additional personal care and chore services.

^eThe FY07 budget includes a projected increase in the contracted hourly rate.

EXPLANATION:

The Home Care Services Program provides personal care and chore services. Personal care can involve bathing, feeding, grooming, and assistance with ambulation. Chore services entail cleaning, planning and preparing meals, and providing transportation for grocery shopping or medical appointments.

In FY05, the reduced number of customers served is the result of a frailer and more disabled population that requires more time each week per customer. County trends, consistent with national patterns, show that: (a) the overall pool of disabled elders continues to expand due to demographic changes, while (b) funding has remained static or has not risen enough to meet the increased need. Consequently, the population served has begun to reflect those who are more severely disabled. This leads to higher per person costs to provide the services necessary to help the individual to remain in the community. The net result is that fewer people can be served.

The average satisfaction rating by customers was obtained using the Home Care Satisfaction Measure (HCSM) which is widely used as part of the national Administration on Aging-funded Performance Outcome Measure Project (POMP). The national average for the HCSM satisfaction rating cited in the published literature is 80%. The FY05 satisfaction results for the County (81%) were therefore comparable to the national average.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Human Resources; Maryland Office on Aging; Maryland Department of Health and Mental Hygiene (Medical Assistance Personal Care Program); Housing Opportunities Commission; Montgomery County Fire and Rescue Service; Police Department; Montgomery County Commission on Aging; Montgomery County Commission on People with Disabilities; private, public, and nonprofit home health aide contract agencies.

MAJOR RELATED PLANS AND GUIDELINES: COMAR Title 07, Subtitle 06, Chapter 12.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Ombudsman Services

PROGRAM ELEMENT:
PROGRAM MISSION:

To improve the quality of life for all residents living in licensed long-term care facilities by identifying, investigating, and resolving complaints made on behalf of the residents

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe

PROGRAM MEASURES
**FY03
ACTUAL**
**FY04
ACTUAL**
**FY05
ACTUAL**
**FY06
BUDGET**
**FY07
CE REC**
Outcomes/Results:

Percentage of all complaints resolved	86	84	87	86	86
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Service Quality:

Average number of days to respond to a complaint	2.0	1.5	1.5	1.5	1.5
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Efficiency:

Cost per complaint received ^a (\$)	591	1,238	920	1,008	899
Number of volunteers providing service at least four hours per week	65	78	73	75	75

Workload/Output:

Number of complaints received ^a	856	496	641	700	700
Number of cases ^a	635	486	523	550	550

Inputs:

Expenditures (\$000)	506	614	^b 589	605	629
Workyears	5.5	4.5	4.5	4.5	4.5

Notes:

^aAn individual case can have multiple complaints associated with it, each of which is processed separately. Federal training on reducing the number of complaints in a case and on how to open a case resulted in a lower number of cases and complaints beginning in FY04. These factors, in turn, have affected the cost per complaint.

^bReflects reductions in the Senior Ombudsman grant award.

EXPLANATION:

The Ombudsman program is Federally mandated under the Older Americans Act. The ombudsmen provide assistance to families and residents of licensed long-term care facilities and empower residents and families to resolve their complaints. The problems confronting long-term care facilities include shortages of staff, lack of training and supervision for staff, and tremendous turnover that occurs in all levels of staffing. Volunteers play a major role in working with facilities and families to resolve problems. The volunteers must have the ability to communicate well, have a strong knowledge of the regulations, and be able to develop cooperative partnerships in resolving many complaints. Currently, the program is responsible for 34 nursing homes and over 130 licensed assisted living facilities for a total population of over 7,000 people. Volunteers in this program are authorized to perform complaint investigation and resolution.

The ombudsmen's goals for long-term care facilities are to increase facility training on resident rights and elder abuse, and to increase the development of effective family councils. These goals are designed to reduce complaints to the Ombudsman Office and to have families and facilities prevent and solve their own problems.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Licensing and Regulatory Services, Police Department, all programs in Aging and Disability Services, Maryland Office of Health Care Quality, Maryland Department of Aging.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.07.14, 10.07.09, 10.07.02, Omnibus Reconciliation Act of 1987 Part 483; Older American Act Public Law 102-375, Chapter 2; Title 32 Maryland Department of Aging, Subtitle 03, Chapter 02.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Persons with Disabilities Outreach Services

PROGRAM ELEMENT:

Autism Medicaid Waiver

PROGRAM MISSION:

To support children who qualify for an institutional level of care but can be served in the community with support services

COMMUNITY OUTCOMES SUPPORTED:

- Individuals and families achieving their maximum possible level of self-sufficiency
- Children and vulnerable adults who are safe

PROGRAM MEASURES^a

	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of homes receiving environmental adaptations that have no reported safety-related accidents within the fiscal year ^b	NA	75	82	82	82
Percentage of children receiving Individual Intensive Support Services that exhibit higher levels of functioning ^b	NA	80	90	90	82
Service Quality:					
Percentage of customers satisfied with the program ^b	NA	88	85	85	85
Percentage of monthly visits that occur on time	NA	95	92	92	93
Percentage of re-certifications that are completed on time	NA	85	92	92	92
Efficiency:					
Average cost per customer served through waiver (\$)	NA	1,625	3,777	3,243	3,049
Workload/Outputs:^c					
Number of new customers approved	NA	21	16	8	15
Number of customers receiving case management	NA	160	175	173	184
Number of new customer resources (i.e., providers) developed	NA	0	9	9	1
Inputs:					
Expenditures (\$000)	NA	260	661	561	561
Workyears	NA	8.0	8.0	8.0	8.0

Notes:
^aThis became a formal budgetary program in FY04.

^bThe FY05 - FY06 figures are based on a new autism waiver satisfaction survey.

^cThe Administering State Agency (ASA) and the Maryland State Department of Education determine eligibility for the autism waiver program and control the autism waiver wait list.

EXPLANATION:

The Autism Waiver is a Medicaid Waiver program that provides support for children with Autism Spectrum Disorder and their families. The Autism Waiver became a formal budgetary program in FY04. A number of services are available to families, including day and residential habilitation, respite care, supported employment, environmental accessibility adaptations, and family training.

Two forms of day habilitation are now offered following the renewal of Autism Waiver Program on October 1, 2004: therapeutic integration services (after school/extended day program), and intensive individual support services. Intensive individual support services provide intensive, one-on-one interventions. Therapeutic integration services are needed for children and adolescents who have problems with the development of socialization skills, enhancement of self-esteem, and behavior management.

Residential habilitation involves community-based, intensive residential placements for those waiver participants who cannot live at home at the present time because they require a highly supervised and supportive environment. Environmental accessibility adaptations are physical adaptations to a home, required by the individual's plan of care, which are necessary to ensure the health, welfare, and safety of the individual or which enable the individual to function with greater independence in the home. Examples include lead abatement, security systems, locks, and security fences to protect children who might wander.

The second year of data collection revealed continued success for the Autism Waiver Program. Eighty-two percent of homes that received environmental adaptations had no reported safety-related accidents. Additionally, 90% of children receiving intensive individual support services exhibited higher levels of functioning.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools, Maryland Department of Health and Mental Hygiene, Maryland State Department of Education.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.09.56.

HEALTH AND HUMAN SERVICES Aging and Disability Services

PROGRAM:

Persons with Disabilities Outreach Services

PROGRAM ELEMENT:

Disability Services - Resource Coordination

PROGRAM MISSION:

To provide supportive services to individuals with developmental disabilities who are living in the community, and to their families

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES
**FY03
ACTUAL**
**FY04
ACTUAL**
**FY05
ACTUAL**
**FY06
BUDGET**
**FY07
CE REC**
Outcomes/Results:

Percentage of customers who remained in the same home with the help of supportive services	92	93	94	94	94
Percentage of customers who are more connected to the community through participation in activities	70	95	99	76	85
Percentage of customers who participate in gainful activity	93	93	96	93	94
Percentage of Montgomery County youth with disabilities who have successful outcomes after graduation from high school	94	85	86	90	90

Service Quality:

Percentage of customers/families that rate the supportive services as satisfactory or better	83	85	^c 52	88	75
Percentage of eligibility determinations completed in 30 days ^a	94	91	94	94	94

Efficiency:

Cost per customer for resource coordination services (\$)	1,016	1,107	1,055	1,200	1,121
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Workload/Outputs:

Number of customers served	3,418	3,216	4,034	3,552	3,800
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Inputs:

Expenditures (\$000)	3,473	3,561	^b 4,254	^b 4,261	4,261
Workyears	12.6	12.6	^b 20.5	^b 20.8	20.8

Notes:

^aRegulations require a 30 day turnaround, but eligibility determination may take longer than 30 days due to circumstances beyond the control of program staff such as hospitalization or illness.

^bThe increases in expenditures and workyears reflect increases in both the Service Coordination grant and the Individual Support Services grant.

^cThis result is based on a small sample. The program is investigating factors that may have contributed to the reduction.

EXPLANATION:

Supportive services focus on matching the customer's needs and preferences to community resources so the customer can remain in his or her home. Supportive services can include after-school care, respite care, accessing medical and adaptive equipment, renovations, transportation, specialized therapeutic interventions, an aide for attending educational classes, camps, behavioral consultation and supports, housekeeping, teaching the activities of daily living, estate planning, and referral information.

FY04 was the sixth and final year of the Governor's Waiting List initiative. During the first five years, the State approved 8,906 new cases statewide for individuals who had applied for services before January 1, 1998. During FY04, 688 new services were approved. Since the initiative ended, the number served has decreased. However, this was offset by a State initiative to increase the number of persons in the State's community-based waiver, which resulted in increased referrals to the Resource Coordination Program. In addition, some cases have been transferred to the Autism Waiver which began in 2003. (Autism Waiver cases have been excluded from the FY05 figures reported here.) There was an increase to the Resource Coordination Grant to help with the referrals from the State for enrollment into its community-based waiver program.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Department of Health and Mental Hygiene, Developmental Disabilities Administration, Montgomery County Public Schools, Montgomery County Infants and Toddlers Program, Division of Rehabilitation Services, Respite Services of Montgomery County, The ARC of Frederick County Service Coordination, Jubilee Association, Lt. Joseph P. Kennedy Institute, Montgomery County Department of Recreation, Community Partnership, various non-profit organizations, various vendors/contractors.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.22.06.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:
Respite Care

PROGRAM ELEMENT:

PROGRAM MISSION:

To sustain disabled residents in the community by providing caregivers of individuals with developmental and functional disabilities temporary relief from caregiving

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES^a

	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of families that report a reduction in stress/care-giver burden as a result of receiving respite services	89	92	96	90	90
Percentage of customers with disabilities receiving respite services that remain in the community	98	91	95	95	95
Service Quality:					
Percentage of families who report they are satisfied with respite services	90	93	95	90	90
Percentage of families registered for respite services that actually use respite care during the fiscal year	85	85	90	85	90
Efficiency:					
Average annual cost per family served (\$)	665	667	691	698	698
Workload/Outputs:					
Number of customers receiving service	1,101	1,277	1,486	1,600	1,600
Total hours of Level I ^b respite care provided	32,056	44,648	46,410	50,000	50,000
Total hours of Level II ^b respite care provided	16,028	25,850	30,855	33,000	35,000
Inputs:					
Expenditures (\$000) ^c	732	852	1,027	1,117	1,117

Notes:

^aIncludes only contracts to providers of respite care services. The small amount of staff time that is needed to administer those contracts is not included. FY03 was the first year that vendors were required to report program measures.

^bLevel I respite care involves personal or companion care; Level II care involves skilled nursing care.

^cIn FY06, the County Council approved an additional \$100,000 in funding.

EXPLANATION:

Respite care provides short-term relief and support to families that provide on-going care to frail elderly persons, children, and adults with developmental disabilities, and/or children with severe medical or behavioral needs. Respite care is provided on a short-term periodic basis to give the family a break from continuous caregiving. An important potential benefit of respite care is that it can help prevent a caregiver from having to prematurely institutionalize the person being cared for.

Program staff try to allocate the limited respite care resources to maximize the number of families that are provided some respite, even though the resources may not be adequate to provide caregivers with all of the respite they would like (or to which they are - in principle - entitled). The maximum amount of respite care that can be provided over the period of a year is 164 hours per person cared for. Montgomery County recognizes the need caregivers have for respite, and has developed a respite consortium of over 30 agencies throughout the County. Respite Care of Montgomery County connects families to agencies and/or independent respite care providers that can meet the specific needs of family members.

The Respite Care Program has received an increasing number of requests for service due to outreach and public education efforts. In FY05, 1,486 customers received respite care services. Of these, 95% were able to remain in the community. Caregiver burden/stress was reduced for 96% of the families served in FY05. The annual cost for these services was only \$691 per family.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: ARC of Montgomery County, Maryland Department of Human Resources, Respite Care of Montgomery County.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 07.06.11.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Senior Community Services

PROGRAM ELEMENT:

Medicaid Waiver for Older Adults

PROGRAM MISSION:

To help ensure the health and safety of vulnerable residents and prevent unnecessary institutionalization by maintaining individuals in the community

COMMUNITY OUTCOMES SUPPORTED:

- Children and adults who are physically and mentally healthy
- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum possible level of self-sufficiency

PROGRAM MEASURES

	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of customers for whom nursing home placement is prevented or delayed by six months or more	77	84	98	80	80
Amount of Federal and State funds provided to County residents for services (\$000)	8,180	12,357	11,993	13,900	13,900
Service Quality:					
Percentage of nursing assessments completed within 10 days	85	84	95	95	95
Percentage of customers reporting satisfaction with the program	95	98	98	95	95
Efficiency:					
Average cost per customer (\$) ^c	1,580	1,489	1,800	2,238	2,422
Workload/Outputs:					
Number of new customers approved for waiver services	209	61	91	100	100
Total number of customers served by waiver program	817	545	519	470	450
Number of nursing assessments performed	678	454	527	400	420
Inputs:					
Expenditures (\$000) ^b	1,267	265	975	1,052	1,090
Workyears ^a	13.8	3.0	12.8	13.0	13.0

Notes:

^aDuring its startup phase, this program relied heavily on staff from other Aging and Disabilities programs. In FY03, the Department reassigned 11.8 workyears to the Waiver. These were reported as Actuals that year. In FY04, the Department reassigned 9.6 workyears. However, these were not reported as Actuals to avoid double counting the positions, which were budgeted in other Department of Health and Human Services programs. (In FY04, a total of 12.6 workyears was actually expended on the Waiver.) Beginning in FY05, workyears reflect the permanent reassignment of staff from various Aging and Disabilities programs to the Medicaid Waiver program.

^bThe reassignment of staff described in footnote "a" is also reflected in the funds budgeted and expended. In FY03, although \$157,000 was budgeted, \$1,267,000 was actually expended. The difference was caused by the transfer of workyears described above. In FY04, the value of the reassigned workyears came to \$569,000. These expenditures are not included in the FY04 Actual to avoid double counting the expenditures, which were still budgeted in other units of the Department. (Total actual FY04 expenditures on the Waiver program came to \$834,000.) Beginning in FY05, the expenditures reflect the permanent reassignment of staff from various Aging and Disabilities programs to the Medicaid Waiver program.

^cBased on the total cost of the program, including the cost of temporarily reassigned staff that were budgeted elsewhere (see footnote "b").

EXPLANATION:

The goal of the Medical Assistance Waiver is to enable older adults to remain in a community setting even though their frailty or disability would warrant placement in a long-term care facility. The waiver allows services that are typically covered by Medicaid only in a long-term care facility to be provided to eligible persons in their own homes or in assisted living facilities. The State pays for covered services to enable eligible residents to stay in the community.

In FY05, 91 new customers were approved for services. The percentage of customers who delayed nursing home placement by at least six months increased from 84% in FY04 to 98% in FY05. Additionally, 98% of customers reported satisfaction with the services received.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Maryland Department of Health and Mental Hygiene, Maryland Department of Aging, Delmarva.

MAJOR RELATED PLANS AND GUIDELINES: COMAR 10.09.54.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM:

Senior Community Services

PROGRAM ELEMENT:

Senior Community Program Contracts

PROGRAM MISSION:

To provide a broad array of community services for frail seniors and individuals with disabilities to help them remain in their own homes and in the community

COMMUNITY OUTCOMES SUPPORTED:

- Children and vulnerable adults who are safe
- Individuals and families achieving their maximum level of self-sufficiency

PROGRAM MEASURES
**FY03
ACTUAL**
**FY04
ACTUAL**
**FY05
ACTUAL**
**FY06
BUDGET**
**FY07
CE REC**
Outcomes/Results:

Percentage of contracted programs with outcome measures in place	27	36	100	100	100
Percentage of contracted programs that exhibit improved results ^a	NA	NA	NA	50	50

Service Quality:

Percentage of contracted programs that provide good or excellent service quality ^a	NA	NA	NA	90	90
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Efficiency:

Average administration cost per contract (\$)	4,253	6,010	6,470	6,100	6,350
Percentage of budget devoted to administering contracts	3.0	3.8	3.3	2.9	2.7

Workload/Outputs:

Number of contracted programs provided assistance with developing or analyzing outcome measures	4	5	5	4	4
Total number of contracts administered	15	11	10	11	11

Inputs:

Total expenditures (\$000)	2,143	1,763	1,946	2,312	^b 2,614
Contract administration expenditures (\$000)	63.8	66.1	64.7	67.1	69.8
Workyears	8.7	7.3	6.3	6.8	^c 8.0

Notes:

^aData collection began in FY06.

^bThe FY07 budget increase is primarily due to additional funding for senior bus transportation (\$90,000), the Senior Health Insurance Counseling Program (\$55,000), the senior strategic plan (\$50,000), salary growth, and miscellaneous technical adjustments.

^cThe increase in workyears is due to the addition of a Health Promotion manager position and technical adjustments.

EXPLANATION:

Senior Community Services provides, through contracts, a variety of services designed to keep seniors independent and in the community. These contracts include programs for transportation to senior centers and grocery stores, legal services, representative payee services (trained volunteers who assist at-risk elderly County residents with paying bills), health insurance counseling, visitor services (trained volunteers who visit homebound or nursing home residents), grocery shopping, subsidized employment, and socialization for seniors with visual impairments. Many of the services are provided via contracts with private vendors.

PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: The Senior Connection of Montgomery County, Associated Catholic Charities of Montgomery County, First Transit Inc., Jewish Council for Aging, Jewish Community Center, Mental Health Association of Montgomery County, University of Maryland Cooperative Extension Service, American Red Cross, Legal Aid Bureau, Montgomery County Department of Public Works and Transportation.

MAJOR RELATED PLANS AND GUIDELINES: Federal Older Americans Act, Area Plan on Aging.

HEALTH AND HUMAN SERVICES

Aging and Disability Services

PROGRAM: Senior Food Program		PROGRAM ELEMENT: Senior Nutrition Program			
PROGRAM MISSION: To maintain and/or improve the nutritional health of seniors					
COMMUNITY OUTCOMES SUPPORTED: <ul style="list-style-type: none">• Children and adults who are physically and mentally healthy• Individuals and families achieving their maximum possible level of self-sufficiency					
PROGRAM MEASURES	FY03 ACTUAL	FY04 ACTUAL	FY05 ACTUAL	FY06 BUDGET	FY07 CE REC
Outcomes/Results:					
Percentage of customers who report an increase in social contacts	64	67	70	65	70
Percentage of customers who report an improvement in diet	45	53	59	50	50
Service Quality:					
Percentage of customers reporting satisfaction with meals	86	88	88	80	85
Percentage of customers reporting satisfaction with the social environment at nutrition sites	91	90	91	90	90
Percentage of customers reporting satisfaction with activities offered at nutrition sites	74	85	91	80	85
Percentage of nutrition sites that provide transportation assistance	54	56	55	55	55
Efficiency:					
Average cost per congregate meal (\$)	4.86	4.59	5.15	5.05	5.14
Average cost per home-delivered meal (\$)	5.81	5.66	6.19	5.88	5.96
Workload/Outputs:					
Number of unduplicated customers served	4,517	4,395	4,998	4,600	4,800
Number of congregate meals served	196,833	208,986	219,450	223,370	215,000
Number of home-delivered meals served	57,622	68,692	71,287	76,200	75,000
Number of nutrition education programs	307	267	149	190	200
Number of individual nutritional risk surveys ^a conducted	914	^c 450	^c 475	900	500
Inputs:					
Expenditures (\$000) ^b	1,291	1,348	1,577	1,577	1,577
Workyears	3.0	3.0	3.0	3.0	3.0
Notes: ^a New clients at congregate meals are offered a voluntary National Nutritional Risk Assessment survey. Those indicating high nutritional risk are offered nutrition counseling. ^b Expenditures listed are greater than the published budget because revenues collected by the program do not appear in the County's published budget. The Senior Food Program is funded jointly by Title III of the Federal Older Americans Act; U.S. Department of Agriculture, State, and County funds; and voluntary participant donations. (The County provides a 10 percent match to Federal funds.) ^c The number of risk surveys conducted was reduced due to a delay in filling a staff vacancy.					
EXPLANATION: The goal of the Older Americans Act is to help seniors remain independent, stay active in their homes and communities, and avoid premature institutionalization. Nutrition services help seniors remain healthy by serving nutritious meals while also providing opportunities for socialization, access to information, and other supportive services. Poor nutrition diminishes resistance to disease and promotes nutrition-related chronic diseases. Studies have indicated that congregate meal delivery, by reducing social isolation, improves nutrition, enhances quality of life, and reduces health expenditures for the elderly and the community.					
PROGRAM PARTNERS IN SUPPORT OF OUTCOMES: Montgomery County Public Schools, City of Gaithersburg, Montgomery County Department of Recreation, Maryland Department of Aging, Housing Opportunities Commission, City of Rockville, Chinese American Senior Service Association, Chinese Cultural and Community Service Center, Fellowship Senior Center, Jewish Community Center of Greater Washington, Korean American Senior Citizens Association of Maryland, Vietnamese Senior Association of Maryland, Shelter Properties LLC, Gaithersburg Meals on Wheels, Jewish Social Services Agency Meals on Wheels, Meals on Wheels of Central Maryland, Damascus Meals on Wheels, Meals on Wheels of Germantown, Colesville Meals on Wheels, Rockville Meals on Wheels, Takoma Park Meals on Wheels, Bluedog Associates.					
MAJOR RELATED PLANS AND GUIDELINES: Older Americans Act, COMAR 10.15.03.					